

# ICMA Deferred Compensation Change Form

*City of Scottsdale*



ICMA RETIREMENT CORP  
457 DEFERRED COMP PLAN  
Stephen L. Crooks, Retirement Plans Specialist  
(480) 615-1311 or  
1-800-735-7202 ext. 4918 (voice mail)

## For Change in Amount of Deferral Only

Employee Name (Last, First, MI)	Employee Number
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I authorize my employer to defer \_\_\_\_\_% **or** \$\_\_\_\_\_ from my biweekly paycheck. This authorization will remain in force until termination of employment or until canceled/changed by me in writing. (Enter the TOTAL amount you would like deducted per pay period).

### Article IV, Sec. 4:02

- Deferral *Changes* will take effect the beginning of the calendar month following the date the change is signed and dated, unless a future date is indicated below.

Future Date of Deferral Change: \_\_\_\_\_

- Deferral *Stops* will be processed immediately.

Participant's signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE SEND THE COMPLETED FORM DIRECTLY TO:**

**City of Scottsdale Human Resources Department**  
Mail Code: HR101

City of Scottsdale  
Employer Plan #300496

### HR Use Only:

Copy to Payroll \_\_\_\_\_

### Payroll Use Only:

Processed \_\_\_\_\_ YYPP

Initials \_\_\_\_\_